

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE				
								101573495	03/24/06				
								APPLICANT(S)					
6-19-08 CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓	2	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		18	←	20	←	TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS			19		22		TOTAL CLAIMS						